

A-TrACC Project for the Behavioral/Mental Health of Veterans/Service Members & Families

Project Description

For FY 2011, the Health Resources and Services Administration (HRSA) modified its contract no. HHS250200900063C with the National AHEC Organization (NAO) for the AHEC Training and Consultation Center (A-TrACC). Modification 0004 added a training component for the purpose of using AHEC Centers to impact the delivery of healthcare services in the civilian sector for veterans, reservists, and their families who are coping with post deployment mental and behavioral health and substance abuse issues.

Tasks and deliverables for the contract modification included the following:

- **Needs Assessment.** Conduct an assessment of areas of highest need within the AHEC network for technical assistance regarding the mental and behavioral health and substance abuse issues of veterans and their families;
- **Train-the-Trainer Workshops.** Develop and conduct 10 regional workshops – one in each HRSA region – focused on implementing “Train-the-Trainer” (TTT) continuing education modules on this topic;
- **Technical Assistance Webinars.** Provide technical assistance on this topic to AHEC grantees by conducting up to two online trainings per month and one in person training at the Summer 2012 NAO Meeting;
- **Financial and Logistics Support.** Provide ongoing financial and/or logistics support to AHEC programs and centers to provide interprofessional continuing education to mental and behavioral health care providers and primary care providers on this topic;
- **Evaluation Tools and Methods.** Develop AHEC-specific evaluation tools and methods to determine the effectiveness of the Train-the-Trainer continuing education modules and the continuing education itself on improving the competency and practice of health care providers, and
- **CE Curriculum Accreditation.** Facilitate the accreditation of continuing education curriculum used in trainings at the state and national level for the appropriate health professions licensing needs.

In implementing this contract modification, HRSA set goals of training 200 AHEC staff to provide continuing education to 10,000 civilian health professionals by the end of September 2013. Each AHEC attending a workshop was asked to commit to provide CE offerings for 75-100 people and to use nationally standardized measures to evaluate project outcomes measuring participants’ commitment to practice change.

Needs Assessment

A-TrACC established criteria, collected data and analyzed it for the purpose of 1) selecting sites for holding 10 regional Train-the-Trainer workshops and 2) identifying geographic areas within each HRSA region where the greatest need exists for continuing education training on this topic among civilian health providers.

Initial results from this assessment were submitted to HRSA November 2, 2011. The assessment was revised, refined and shared with the A-TrACC Advisory Group on November 30 and with the NAO Board and HRSA AHEC Program Office staff on December 06.

16 AHEC Centers that serve the geographic areas with the greatest need for this training were identified. Meetings were held in December with Center representatives and their respective Program Offices to review the assessment, explain the opportunity, and confirm their participation in the project. All but two of those Centers committed to participating in the project. A-TrACC identified another Center and a Program Office that would provide CE in the regions served by those two non-participating Centers. MOUs were established, and all Centers sent staff to a TTT Workshop.

A-TrACC provided technical support to these Centers as they developed CE offerings. At least one CE Offering was held in 14 of the 16 priority need geographic areas by the end of COY2. Trainings were delayed in two priority need areas due to leadership changes in one Center and logistical issues with another’s host institution. All of the Centers providing CE in the priority need regions plan to continue offering trainings in COY3.

Train-The-Trainer Workshops

IMPLEMENTATION AND EVALUATION

A-TrACC promoted and offered Train-the-Trainer (TTT) workshops to all staff in HRSA AHEC Grantee program and center offices. Participation was extremely strong for the 10 regional workshops offered in January, February and March and the workshop held during the NAO national conference in July. **A total of 275 AHEC staff/partners attended those workshops, representing 140 AHEC Centers – more than half of the nation’s 257 centers. With an additional 43 guests, total attendance was 318.**

These 8-hour workshops equipped participants to facilitate CE programs for civilian primary care, mental and behavioral health, and other healthcare providers, building upon existing curriculum developed by the North Carolina AHEC program and the Citizen Soldier Support Program (CSSP). Participants left the workshop with a notebook of slides and handouts supporting all topics covered. TTT participants were emailed all PowerPoint files from the workshop and electronic versions of resource materials. The most current versions of these files are available for download from two sources: the [A-TrACC website](#) and in an online Adobe Connect [Resource Room](#).

TRAIN-THE-TRAINER (TTT) WORKSHOP DATA BY HRSA REGION

HRSA Regions	States in Region	*AHEC Programs in Region	AHEC Centers by Region	VMH TTT Workshop Sites	TTT Host Center	Attendees	VMH Trained AHEC Centers
Region 1	6	6	21	Boston	Berkshire AHEC	29 - AHEC Staff/Partners 01 - Guests	12 (57%)
Region 2	2	2	12	Buffalo	Erie Niagara Area Health	25 - AHEC Staff/Partners 04 - Guests	9 (75%)
Region 3	4	5	24	Baltimore	Eastern Shore AHEC	17 - AHEC Staff/Partners 11 - Guests	7 (29%)
Region 4	8	13	47	Tampa	Gulfcoast North AHEC	23 - AHEC Staff/Partners	22 (47%)
Region 5	6	6	36	Chicago	Chicagoland AHEC	29 - AHEC Staff/Partners 16 - Guests	24 (69%)
Region 6	5	8	37	Dallas	Texas AHEC East – DFW Region	53 - AHEC Staff/Partners 04 - Guests	26 (70%)
Region 7	3	5	17	Omaha	Central Nebraska AHEC	15 - AHEC Staff/Partners	7 (44%)
Region 8	6	5	18	Denver	Central Colorado AHEC	31 - AHEC Staff/Partners 03 - Guests	13 (72%)
Region 9	4	5	33	Los Angeles	California AHEC Program	13 - AHEC Staff/Partners 04 - Guests	10 (30%)
Region 10	4	3	12	Portland	Oregon AHEC Program	12 - AHEC Staff/Partners	6 (50%)
NAO				San Antonio	NAO	28 - AHEC Staff/Partners	4 add'l centers
Totals	48 States w/ AHECs	58 AHEC Programs	257 AHEC Centers	11 TTT Workshops		318 Attendees (36% greater than goal)	140 (54%) AHECs Trained

*Includes Territories & DC

AHECs Trained to Provide CE for Civilian Health Professionals on Behavioral/Mental Health of Veterans/Service Members & Families



Interactive map <http://batchgeo.com/map/00740402dc934a680a35edca0b6dbad9>

TTT FACULTY

TTT Team Lead

Sheryl Pacelli, MEd
South East AHEC, Wilmington, NC, Presented in Regions: 1,3,4,7 & at NAO

Carol Giffin-Jeansonne, EdD
Western Colorado AHEC
Presented in Regions: 6,8,9,10

James P. Kelly, MD
The National Intrepid Center of Excellence, Bethesda, MD
Presented in Regions: 6,8,9 & at NAO

Gretchen Forsell, MPH
Northern Nebraska AHEC
Norfolk, NE
Presented in Regions: 5,7

Bob Goodale, MBA
Citizen Soldier Support Program, Univ. of North Carolina Chapel Hill,
Presented in Regions: 1,2,3,4,5,7 & at NAO

Mimi McFaul, PsyD
Western Interstate Commission on Higher Education (WICHE)
Boulder, CO.
Presented in Regions: 6,7,8

Nicola Winkel, MPA
Western Interstate Commission on Higher Education (WICHE)
Phoenix, AZ
Presented in Regions: 7, 9, 10

Carol Trono, MA
Texas East AHEC
Galveston, TX
Presented in Regions: 2

CREDIT FOR TTT ATTENDANCE: South East AHEC in Wilmington, NC, offered contact hours credit to participants. As of September 17, credit for 1,096.5 contact hours of continuing education credit was granted to 132 participants.

TOPICS: Each TTT Workshop included*

- Scope of the problem
- Military culture
- Identify service members and their families
- Behavioral health issues
- TRICARE
- Department of Veterans Affairs
- Boots on the Ground – service members' experience before, during and after deployment
- Overview of Veterans Mental Health Project
- Project forms – registration, evaluation and reporting
- Dept Veterans Affairs survey of civilian healthcare providers
- How to find speakers
- CSSP toolkit – each participant given one
- CSSP database
- Continuing education (CE) process

* The trainings in LA, Denver, Dallas and San Antonio had an additional topic of Traumatic Brain Injury (TBI).

WORKSHOP EVALUATION

The effectiveness of these workshops was evaluated through a survey of participants with a response rate of 53%. The survey measured 10 learning objectives and gave respondents the opportunity to answer 3 open ended questions. On all quantitative measures, 90% or more of respondents indicated that they strongly agreed or agreed that the learning objectives were achieved.

After each session all participants were emailed a link to a survey. The participants were asked to rate 10 learning objectives (6 for content, 4 for course administration) on a Likert-like scale from *Strongly Agree* to *Strongly Disagree*. When participants completed the survey, they were transitioned to a *Certificate of Attendance* page. If they requested contact hour credit, they were also transitioned to a *Certificate of Credit* page. Fifty-three percent of participants responded to the survey.

Evaluation Results – Content-Specific Learning Objectives

Objective	Response N	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Knowledge: Discuss Importance of military culture	170	116	50	2	2	0
Knowledge: List signs and symptoms of PTSD and TBI	165	72	72	10	11	0
Knowledge: Resources available - VA, TRICARE, National Guard, military posts/bases	170	85	72	9	3	0
Knowledge: Understand project evaluation guidelines*	148	60	77	9	2	0
Skills: Organizing a training in local AHEC area	161	68	77	11	5	0
Commit to Action: We will complete continuing education evaluation requirements	148	78	61	9	0	0
Totals	53% Response Rate	92% Percent Strongly Agree/Agree		5% Undecided	3% Percent Disagree	

*Objective added after first training

Evaluation Results – General Learning Objectives

141 Participants responded to the following Overall Course Administration Learning Objectives:

- Course content pertinent to my needs/expectations
- Course content achieved stated objectives
- Registration process was user-friendly
- Facilities and location were adequate

The evaluation results to this set of objectives showed 91% Strongly Agree or Agree, 5% Undecided, and 4% Disagree.

Evaluation Results – Open-ended Questions

After rating the learning objectives, participants were given the opportunity to respond to 3 open ended questions. Below is a summary of comments by question.

What tools, skills or ideas do you now have that you did not have at the beginning of this program?

The concept mentioned most was an appreciation of **military culture – how it is more than “just a job”** and how it affects everything that involves the family. Other positive comments were about 1) the **resources available** – course materials; Citizen Soldier Support Program (CSSP) database and toolkit; speakers from TRICARE, Dept Veterans Affairs, and National Guard; and 2) **confidence to organize** a continuing education event. A few people indicated increased knowledge of PTSD and TBI.

How will you apply/use this information in your daily practice?

Some said they would disseminate the information in their **continuing education** events (in addition to those required by this project). Others said they would use it in their work with **coalitions, organizations, community members, medical students, employers, other healthcare professionals**, in workforce development projects, and in public relations/marketing for their events. Many mentioned using the information to help provide a more supportive environment for military personnel in their community.

General comments about the program.

Most general comments were complementary and indicated that the workshop was **well organized** and provided “everything needed to go home and organize events.” General comments did indicate a need for follow-up technical assistance which was provided through conference calls and online meetings with workshop participants. General comments also reflected challenges inherent in using local speakers to present on behavioral health issues, TRICARE, Dept. of Veterans Affairs and military culture at each workshop. While it was beneficial, expeditious and financially necessary to have local experts present, it impacted speaker quality and consistency of the curriculum at some workshops.

SUMMARY

The Train-The-Trainer workshops were well attended and well received. Participation goals were surpassed, and training goals were met. Based on reporting of CE activities through September 21, continuing education trainings are planned or have been implemented in 37 different states by 94 AHECs.

The A-TrACC team has received consistent feedback from AHEC staff as to how valuable the trainings were and how beneficial the project will be in building partnerships in their communities and with other AHECs. As stated by one workshop logistic host,

“We had representatives from five states – people who had never worked together on any projects in the past. If you’ve seen one AHEC, you’ve seen one AHEC; but, this group of people enjoyed learning from one another and from the presenters, and looked forward to working on this project together and offering some much needed support for our returning veterans. What a wonderful project this turned out to be”

Another workshop host said,

“It was great to be a part of a national effort to better serve our veterans and to have the opportunity to work with NAO and other AHEC staff that typically we never get to meet or we see once ever year or every other year at the NAO conference.”

AHEC centers are partnering with hospitals and clinics; schools of medicine, nursing and allied health; VA Medical Centers and Community Based Outpatient Clinics; community health centers, public health organizations and health cooperatives; military bases; National Guard, Reserve, American Legion and VFW posts, and a wide variety of mental and behavioral health organizations and providers. The momentum for this project is steadily increasing, and initial feedback shows that it can significantly impact civilian healthcare providers’ ability to meet the mental and behavioral healthcare needs of this medically underserved population in communities nationwide.

Technical Assistance Webinars

A plan was developed for monthly online trainings to introduce AHEC staff to the mental and behavioral health and substance abuse needs of returning service members, veterans and their families, including issues relating to PTSD and TBI. These trainings created a learning community that augmented and enhanced the curriculum presented in the TTT workshops. Access to recordings of the webinars and handouts were made available through the A-TrACC website and an open online Adobe Connect Resource Room. See schedule attached for presenters and recording links.

Twelve Sessions of 11 Veterans Mental Health Webinars were held with a total attendance of 685:

- An Introduction to the A-TrACC Vets Mental Health Project – 11/1, 60 attendees and 11/3, 55 attendees

- A Public Health Perspective of Issues of Returning Service Members – 11/15, 71 attendees
- Military Culture – Vietnam to Afghanistan – 12/14, 65 attendees
- Assessment & Treatment of Combat PTSD – 01/26, 81 attendees
- Signs & Symptoms of Traumatic Brain Injury – 02/23, 50 attendees
- Substance Abuse Among Veteran Populations – 03/15, 44 attendees
- TRICARE 101 – 04/03, 59 attendees
- Working Miracles in People’s Lives – 05/01, 54 attendees
- Suicide and the Military: Gaining Ground in the Battle – 06/05, 52 attendees
- The Story of War & Warriors & Rural Mental Health – 08/07, 51 attendees
- Project Wrap-up & Next Steps – 09/07, 43 attendees

Financial and Logistics Support

Criteria were developed for providing financial support to the centers serving the 16 high priority areas and for all other centers that attended a TTT workshop and committed to providing CE in their service regions. Of 136 eligible AHEC Centers, 94 signed MOUs with NAO. Centers were allocated an initial set amount to support their CE activities upon signing the MOU, and then allocated an additional amount upon providing the CE.

A-TrACC provided additional logistics support to workshop participants through conference calls and online TA sessions to review materials, share information, and provide tips and guidance as staff planned and implemented their CE offerings. Sessions were held January 31, March 2 & 16, April 13 & 26, and May 2, 15 and 24. All TTT participants were notified of the sessions with participation optional. A 1 page e-newsletter titled “The Briefing” was developed to facilitate ongoing communication. Issues were emailed to all workshop participants in April, May, June and August.

Ongoing individual TA was provided throughout the project as requested. The A-TrACC team and TTT faculty members Sheryl Pacelli and Bob Goodale spent several hundred hours responding to requests by phone and email for assistance with finding speakers, meeting CE accreditation requirements, using marketing materials, implementing evaluation and reporting materials, cultivating partnerships, and organizing curriculum and other training materials.

Evaluation Tools and Methods

After conducting a literature review and evaluating options for gathering practice change outcomes data, A-TrACC developed an evaluation plan for the Veterans Mental Health project. A first draft was presented to HRSA 11/18/11, with revisions submitted 12/06/11. Guidelines and sample forms for collecting participant evaluation data were submitted 12/15/11. The evaluation forms and guidelines were distributed and reviewed in all TTT workshops and in several conference calls and online meetings.

Together with HRSA, A-TrACC developed a supporting statement for OMB approval of the proposed evaluation plan. Approval was obtained in July 2012, and a spreadsheet developed by A-TrACC for use in entering and reporting aggregate participant and evaluation data was distributed.

The evaluation methodology for this project included commitment to change (CTC) assessments both at the immediate conclusion of the CE offering and again within 30 days after the offering. The first CTC assessment was part of the participant evaluation processes implemented immediately following the CE offering. The second CTC assessment was a follow-up brief email and/or telephone survey implemented by AHEC staff with a randomly selected sample of 2% of participants within 30 days after the offering. In implementing the survey, staff emailed the questions to the randomly selected participants, asking for an emailed response. If a response was not received within 2 working days, staff contacted that CE participant by phone to obtain and record responses.

For each CE offering, AHEC staff compiled and emailed a final report of aggregate responses in the spreadsheet provided. This report included data related to the BHP’s Continuing Education Performance Measures. Additional information collected included aggregate responses to the CE participant evaluation and aggregate responses for the randomly selected sample of 2% of participants on the CE participant follow-up evaluation.

REPORTING & EVALUATION DATA COLLECTED TO DATE

The following summarizes current aggregate data submitted for this project as of 09/27/2012. Since this project is being continued in COY3, a complete analysis of all evaluation data will not be conducted until September, 2013.

62 Centers Reporting

2,666 Total Participants. Of Those Participants

- **1,485** Employed in Medically Underserved Communities
- **1,710** Intend to Apply Training to Employment or Professional Requirements, Continuing Education Credit, Certification, or Credentialing

71 Continuing Education Offerings held for a total of **203** hours of instruction.

Of Those Offerings:

- **51** were CE Accredited
- **58** were Interprofessional/Interdisciplinary
- **39** were held in Underserved Locations
- **34** were held in Rural Locations

212 different organizations were partners with the AHECs presenting trainings. Those included Federally Qualified Health Centers (FQHC) or look-alikes (includes federally designated CHCs-Community Health Centers); Hospitals; Nonprofit organizations; Community Mental Health Centers, Other Academic Institutions; the Veterans Administration; Federal Veteran's Affairs and other AHECs.

2,666 Participants by Discipline

#	Discipline
206	Allopathic Medicine
28	Chiropractic
46	Osteopathic General Practice
0	Optometry
64	Pharmacy
2	Podiatry
33	Psychiatry
5	Veterinary Medicine
62	Physician Assistant
40	Licensed Practical/Vocational Nurse
4	Nurse Midwife
46	Nurse Practitioner
329	Registered Nurse
30	Dental Assistant
2	Dental Hygiene
2	General Dentistry

#	Discipline
193	Clinical Psychology
475	Clinical Social Work
127	Substance Abuse/Addictions Counseling
52	Community Health Worker
67	Health Education Behavior
49	Health Services/Hospital Administration
7	Nutrition - Dietetics
23	Public Health (General Studies)
1	Clinical Lab Worker
42	EMT - Paramedic/First Responder
7	Health Information Systems/Data Analysis
11	Occupational Therapy
8	Physical Therapy
762	Other
60	Unknown

Post Training Evaluation – 2,076 respondents

- **84%** responded to an evaluation immediately after the training (2,076/2,666).
- **65%** said they will enroll in the War Within database (646/991)
- **20%** are already enrolled as TRICARE providers (304/1505)
- **16%** said they intend to become a TRICARE Provider (227/1415)
- **80%** gave a response to "After completing this educational session I intend to improve ____." (637/766)
- In a retrospective pre-test question to measure how many respondents routinely asked their patients/clients about military service, **18%** said they **always** asked the question (344/1984), **14%** said they **usually** asked the question (283/1984), and **13%** said they did so **about half the time** (255/1984).

Respondents who either agreed or strongly agreed on the following:

Measure	Number	Percentage
I increased my knowledge of military culture.	1861/2069	90%
I increased my knowledge of veterans/service members and their families mental/behavioral health issues.	1787/1951	92%
I will ask my patients/clients if they or any close family members have served or are serving in the military.	1616/1941	83%
I will assess veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury.	1306/1835	71%
When I am concerned about PTSD, I will ask: Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you have had nightmares about it or thought about it when you did not want to?	1375/1797	77%
I will refer patients to the PTSD resource: http://www.ptsd.va.gov	1429/1804	79%

Follow-up Evaluation – 391 Randomly Selected Respondents

- **76 % made a commitment to improve something** at the CE offering (327/430). Of those, **53% have begun to implement** (178/336) and **43%** are **planning to implement** (146/336)
- **59%** said that they **will ask** their patients/clients if they or any close family members have served or are serving in the military (223/376). Of those, **51%** do so **always or usually** (164/320), with **12%** doing so **about half the time** (39/320).
- **47%** of those who said they **will assess** veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury have begun to implement (132/282), and **43% plan to implement** (121/282).
- **51%** of those who are assessing for PTSD **have begun to implement** (143/282), and **43% plan to implement** (121/282).
- **31% are referring** patients to the PTSD resource (85/270) and **64% plan to do so** (172/270).
- **37%** of follow-up respondents said that they **will enroll** in the War Within database (74/204).
- **43%** of follow-up respondents **are TRICARE providers** (91 of 212).

CE Curriculum Accreditation

A-TrACC compiled applicable continuing education (CE) accreditation information for each state which was shared with TTT Workshop participants from those states. Extensive ongoing individual technical assistance was provided to Centers as needed when they were completing and submitting their accreditation requests for their CE offerings. To date, 51 of 71 CE programs presented through the project offered CE credit from at least one health profession accrediting association (72%).